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**FACSIMILE TRANSMISSION COVER SHEET**

Date: December 27, 2004

To: United States Patent and Trademark Office  
Examiner: Pham, Long; Art Unit: 2814

Fax: (703) 872-9306

Re: **Application Serial No.: 10/054,438**  
Filing Date: 1/22/2002; First-Named Inventor: U'Ren  
Attorney Docket No.: 00CON134P-DIV

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 19

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated September 28, 2004.

Thank you.

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Attorney Docket No.: 00CON134P-DIV

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: U'Ren, Gregory D.SERIAL NO.: 10/054,438 FILED: January 22, 2002FOR: Independent Control of Polycrystalline Silicon-Germanium in an HBT and Related StructureHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.  
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

- TOTAL EXTENSION FEE \$ 0.00  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	30	MINUS **30	* = 0	x 50	x 25	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 200	x 100	\$

First presentation of multiple dependent claim

+ 360	+ 180	\$
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

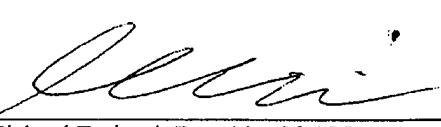
- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON134P-DIV

- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/27/04

By:

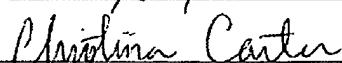
  
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Signature

  
Christina Carter

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
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Telephone: (949) 282-1000  
Facsimile: (949) 282-1002

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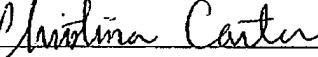
  
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Related Structure**

**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated September 28, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.